| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000 | | | | PHONO PHOCESS | | | | |
|--|----------------------------|---------------------|---------------|------------------------|----------------|--------|--------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL TYPE | ENTITY | OR | | THAN ENTITY |
| TOTAL CLAIMS 33 | | | | RATE | FEE | 7 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EX | TRA | BASIC FI | | OR | | |
| TOTAL CHARGEABLE CLAIMS | 33 minus 20= | . 13 | | X3 9- | | 1 | 2010 | 074 |
| INDEPENDENT CLAIMS | 7 minus 3 = | . 4 | | | | - OR | | 320 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | - | X40- | ╂—— | POR | X80= | 320 |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | +135= | | OR | +270= | 8 |
| | | | | TOTAL | | OR | TOTAL | 1264 |
| 11-51-05 CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3) | | | | | ENTITY | OR | OTHER | |
| CLAUS | RIGH MIGH | ES(| SENT | | ADDI | 1 | | ADD1- |
| AFTER AMENOMENT | PREVIO | DUST! DE | TRA | RATE | TIONAL | \ | RATE | TIONAL |
| REMAINING AFTER AMENDMENT Total . | Minus 33 | | | X\$ 9= | 1 | OR | X\$18= | |
| Independent - | Minus 7 | - | \Box | XX0- | 1 | 1 | X80= | |
| FIRST PRESENTATION OF M | ATIPLE DEPENDENT | CLAIM | | | 1 | OR | | |
| 0 - 0 . | • • • • • | Sec. 1989. | | √135 = | 11.4 | ÓR | +270= | |
| X-X-1/0 | | A Common | | TOTA DOTT, FE | | OR | ADDIT. FEE | |
| (Cotumn 1) | (Colur | EST | mn 3) | | T ADDI- | • | | |
| REMAINING AFTER | - NUM PREVIO | DUELY EX | SENT TRA | RATE | TIONAL | | RATE | ADDI- TIONAL |
| AMERIDMENT | Minus / | 3 - | = | i | FEE | | | FEE |
| REMAINING AFTER AMERICANENT Total Independent | Minus *** | - | = | X\$ 9- | | OR | X\$18= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | X40= | <u> </u> | OR | X80= | |
| | | | | +135= | | ОЯ | +270= | |
| | | | _ | TOTAL | | OR | TOTAL ADDIL FEE | |
| 2-12-07 (Column 1) | (Cotun | | | | | | | $\overline{}$ |
| CLAIRS REMAINING AFTER AMENOMENT | HIGH | SER PRE | | | ADDI- | | | ADDI- |
| | PREVIO PAID | FOR | RA L | RATE | TIONAL | | RATE | FEE |
| Total • & | Minus 3 | 3 - | | X\$ 9± | | OR | X\$18= | |
| Independent | Miraus 7 | | | X40= | | OR | X80- | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | , | | / | 1 |
| " If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. | | | | +135 <u>-</u> YOYAL | ļ | OR | +270= | |
| "If the "Highest Number Proviously Pald For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE The "Highest Number Proviously Paid For" (Noted or Independent) is the highest number bound in the appropriate box in column 1. | | | | | | | | |
| THE TRUTHER KUITBER PROVIDEDLY PAR | s Fair (Table or Independe | rat) is the highest | i number Ibun | d in the ay | apropriate box | in cat | umn 1. | - 1 |
| ORM PTO-475 | | | | | | | | |

Application or Docket Number

V.S. 670: 2000-450-76520100